



Commonwealth
of Massachusetts

Form CPF D 102 : Campaign Finance Report
Office of Campaign and Political Finance

GREENFIELD, MASS

14 MAR -4 AM 11:13

OFFICE OF THE
TOWN CLERK

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning JANUARY 1 2014 Ending MARCH 3 2014

Type of report: (Check one)

☒ Initial Report

☐ Year-end Report

☐ Dissolution Report

☐ Other

Ronald R Weaver

Full Name of Candidate

Town Councillor / Prec 2

Office Sought/District

32 Rockland Rd

Residential Address

Greenfield, MA 01301

Tel. No. (optional)

Committee to Elect Ron Weaver

Committee Name

Barbara Weaver

Name of Committee Treasurer

32 Rockland Rd

Committee Mailing Address

Greenfield, MA 01301

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 0
Line 3: Subtotal (line 1 plus line 2) \$ 0
Line 4: Total expenditures this period (page 3, line 14) \$ 0
Line 5: Ending balance (line 3 minus line 4) \$ 0
Line 6: Total in-kind contributions this period (page 3) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used NA

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Barbara Weaver

Treasurer's signature (in ink)

3/3/2014

Date

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules, and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Ronald R Weaver

Candidate signature (in ink)

3/3/2014

Date



Commonwealth
of Massachusetts

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Due April 7, 2014

City or Town of: Munfield

Fill in Reporting Period dates: Beginning Date: Jan. 1, 2014 Ending Date: March 28, 2014

Type of Report: (Check one)

- ☒ 8th day preceding preliminary/primary ☐ 8th day preceding election ☐ 30th day following election (Town or Special) ☐ 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- I certify that I am a candidate for or hold Municipal Office.
- I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

*** Pre-Preliminary Election**

| DATE | I. SIGNATURE Signed under the penalties of perjury | II. RESIDENTIAL ADDRESS (Street and Number) | III. OFFICE SOUGHT |
|---------|---|--|----------------------------|
| 4/8/14 | <i>Paul P. Zilli</i> | 163 Montague City Rd | Town Councilor At Large |
| 4/10/14 | <i>Pamela Keltz</i> | 497 Main St Apt 3 | Precinct 5 Councilor |
| 6/9/14 | <i>Steve Rorland</i> | 206 High St | Precinct 4 Councilor |
| 6/13/14 | <i>Timothy J. Fisher</i> | 4 Prospect Ave | Oliver Smith Will |
| 8/8/14 | <i>Margaret Alden</i> | 82 Sanderson Ave | School Committee |
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Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Jan. 1 2014 Ending March 28 2014

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Hillary Heather Hoffman

Full Name of Candidate (if applicable)

Town Council Precinct 6 Greenfield

Office Sought and District

30 Abbott St.

Residential Address

Greenfield MA 01301

Tel. No. (optional)

Committee to Elect Hillary Hoffman

Committee Name

IRIS VICENZO RASCH

Name of Committee Treasurer

50 Conway St.

Committee Mailing Address

Greenfield MA 01301

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 155.00
Line 3: Subtotal (line 1 plus line 2) \$ 155.00
Line 4: Total expenditures this period (page 3, line 14) \$ 681.13
Line 5: Ending balance (line 3 minus line 4) \$ -526.13
Line 6: Total in-kind contributions this period (page 4) \$ _____
Line 7: Total (all) outstanding liabilities (page 4) \$ _____
Line 8: Name of bank(s) used Greenfield Savings Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]
Treasurer's signature (in ink)

8-1-14
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--|---|--------|---|
| 3/19 | Lisa Davol PO Box 173 Turners Falls, MA | 50 00 | |
| 3/17 | Renard for Greenfield Munson St Greenfield, MA | 50 00 | |
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| Line 9: Total receipts in excess of \$50 (or listed above) | | 100 00 | |
| Line 10: Total receipts \$50 and under* (not listed above) | | 55 00 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 155 00 | Enter on page 1, line 2 |

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount | |
|---------------------------------------|--|-------------------|--------------------------|--------|----|
| 1/15/14 | Staples | Nadley, MA | Sign supplies | 58 | 89 |
| 2/5/14 | WordPress | San Francisco, CA | Website domain + upgrade | 48 | 00 |
| 3/17/14 | Capitol Promotions | Glenside, PA | Signs + Car magnet | 574 | 24 |
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| Line 12: Expenditures over \$50 | | | | 633 | 13 |
| Line 13: Expenditures \$50 and under* | | | | 48 | 00 |
| Line 14: TOTAL EXPENDITURES | | | | 681 | 13 |

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|-------------------------|---------------------|---------------------|---------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter on page 1, line 6 | | | Line 15: In-kind over \$50 | 0 |
| | | | Line 16: In-kind \$50 and under | 0 |
| | | | Line 17: Total In-kind | 0 |

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|-------------------------|-------------|---------|--|--------|
| | | | | |
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| | | | | |
| Enter on page 1, line 7 | | | Line 18: OUTSTANDING LIABILITIES (ALL) | 0 |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

14 APR -2 AM 11:35

OFFICE OF THE
TOWN CLERK

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Jan. 1 2014 Ending March 28 2014

Type of report: (Check one)

☒ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

John Lyford
Full Name of Candidate (if applicable)

Town Council

Office Sought and District

12 Farron St. Greenfield, MA

Residential Address

413-773-3417

Tel. No. (optional)

John Lyford
Committee Name

Name of Committee Treasurer

12 Farron St. Greenfield, MA 01301

Committee Mailing Address

413-773-3417

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ —
Line 2: Total receipts this period (page 2, line 11) \$ —
Line 3: Subtotal (line 1 plus line 2) \$ —
Line 4: Total expenditures this period (page 3, line 14) \$ 226.08
Line 5: Ending balance (line 3 minus line 4) \$ 226.08
Line 6: Total in-kind contributions this period (page 4) \$ —
Line 7: Total (all) outstanding liabilities (page 4) \$ —
Line 8: Name of bank(s) used NONE

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☒ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

[illegible]

Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

[illegible]

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|-------------------------|---------------------|---------------------------------|-----------------------------|-------|
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| | | | | |
| Enter on page 1, line 6 | | Line 15: In-kind over \$50 | | |
| | | Line 16: In-kind \$50 and under | | |
| | | Line 17: Total In-kind | | |

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|-------------------------|-------------|--|---------|--------|
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| Enter on page 1, line 7 | | Line 18: OUTSTANDING LIABILITIES (ALL) | | |



Order Details

Order Number: 72043967

Order Date: 3/13/2014

Payment Status: Complete

Billing Information:

Name: JOHN T LYFORD

Address: 12 FARREN ST

City: GREENFIELD Country: United States State: MA Zip Code: 01301

Shipping Information:

Name: JOHN T LYFORD

Address: 12 FARREN ST

City: GREENFIELD Country: United States State: MA Zip Code: 01301-3925

Shipping Method: UPS Ground

Contact Information:Email Address: bingville@comcast.net

Phone Number: 413-773-3417

Payment Information:

Card Type: Visa

Card Number: XXXXXXXXXXXX1744

Expiration Date: 5 / 2015

Payment Status: Complete

Shipping/Tracking StatusShipping Status:
Tracking Numbers:

Package Tracking (by package):

[Shipping Activity](#)**Order Items**

| Qty | Item | Price | Item Total |
|-----|---|--------|------------|
| 25 | 24" h x 10" w Wire Stake Custom Sign -- (Sign ID: 801118950) (View PDF Proof) | \$1.25 | \$31.25 |
| 25 | 18" x 24" Corrugated Plastic Two-Sided, 2 colors | \$7.49 | \$187.25 |

Subtotal: \$218.50
Promotional: ~~(\$23.42)~~Shipping: \$31.00
Tax: \$0.00

Total: \$226.08



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

14 APR -9 AM 11:49

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/1/2014 Ending Date: March 28, 2014

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Isaac James Mass
Candidate Full Name (if applicable)
Town Councilor - Greenfield AT LARGE
Office Sought and District
50 Linden Ave Greenfield
Residential Address MA 01301
Telephone Number (optional): 413-768-8500

Isaac Mass' Associates Friends and Neighbors
Committee Name
Ed Fleming
Name of Committee Treasurer
50 Linden Ave
Committee Mailing Address
Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

| | |
|--|--------------------------------|
| Line 1: Ending Balance from previous report | <u>0</u> |
| Line 2: Total receipts this period (page 2, line 11) | <u>1530.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>1530.00</u> |
| Line 4: Total expenditures this period (page 3, line 14) | <u>129.11</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>1400.89</u> |
| Line 6: Total in-kind contributions this period (page 4) | <u>0.00</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | <u>1,000.00</u> |
| Line 8: Name of bank(s) used: | <u>Greenfield Savings Bank</u> |

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: EM Fleming (Treasurer's signature) Date: 4-8-14

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Isaac Mass (Candidate's signature) Date: 4/8/14

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--|---|--------------------|---|
| 2/15/14 | CAMERON WARD 221 Conway St Gfld | 100 ⁰⁰ | |
| 3/3/14 | Teresa Conti 46 French King Highway | 100 ⁰⁰ | |
| 1/15/14 | Isaac Mass 50 Linden Ave Gfld | 1000 ⁰⁰ | |
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| Line 9: Total Receipts over \$50 (or listed above) | | 1200 ⁰⁰ | ← Enter on page 1, line 2 |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 330 ⁰⁰ | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 1530 ⁰⁰ | |

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|---------------------------|--|--------------------------|--|--------|
| 3/19 | Greenfield Recorder | Hope St Greenfield MA | Ad | 101.62 |
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| | | | Line 12: Total Expenditures over \$50 (or listed above) | 101.62 |
| | | | Line 13: Total Expenditures \$50 and under* (not listed above) | 27.49 |
| Enter on page 1, line 4 → | | | Line 14: TOTAL EXPENDITURES IN THE PERIOD | 129.11 |

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---------------|---------------------|---------------------|-----------------------------|-------|
| | | | | |
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* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

| | |
|---|---|
| Line 15: In-Kind Contributions over \$50 (or listed above) | 0 |
| Line 16: In-Kind Contributions \$50 & under (not listed above) | 0 |
| Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS | 0 |

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---------------|-------------|--------------------------------|---------|--------------------|
| 1/15/14 | Isaac Mass | 50 Linden Ave Greenfield MA | LOAN | 1000 ⁰⁰ |
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| | |
|---|--------------------|
| Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | 1000 ⁰⁰ |
|---|--------------------|



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS.

14 APR -7 PM 1:26 Jan. 1, 2014

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Ending Date:

OFFICE OF THE
TOWN CLERK

March 28, 2014

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Robert E. Wamstein

Candidate Full Name (if applicable)

Town Council Pct. #5

Office Sought and District

28 James St Greenfield, MA 01301

Residential Address

Telephone Number (optional):

413-772-2222

Rob in 5

Committee Name

SARA Jane MOSS

Name of Committee Treasurer

28 James St Greenfield, MA 01301

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

NA

Line 2: Total receipts this period (page 2, line 11)

\$ 545

Line 3: Subtotal (line 1 plus line 2)

\$ 545

Line 4: Total expenditures this period (page 3, line 14)

\$ 188.15

Line 5: Ending Balance (line 3 minus line 4)

\$ 356.85

Line 6: Total in-kind contributions this period (page 4)

0

Line 7: Total (all) outstanding liabilities (page 4)

0

Line 8: Name of bank(s) used:

Greenfield Savings Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

R Wamstein

(Candidate's signature)

Date: 4/7/14

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--|---|------------------|---|
| 3/23/14 | Ed Beelin 20 Orchard ST Greenfield, MA 01301 | \$ 100.00 | |
| 3/17/14 | MARLYNN CLAYTON 8 Peabody Lane Greenfield MA | \$ 100.00 | |
| 3/25/14 | Ira Mitchell 621 Bernardston Rd Greenfield, MA | \$ 100.00 | |
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| Line 9: Total Receipts over \$50 (or listed above) | | \$ 300.00 | ← Enter on page 1, line 2 |
| Line 10: Total Receipts \$50 and under* (not listed above) | | \$ 245.00 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | \$ 545.00 | |

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|--|---------------------|---------------------|-----------------------------|-------|
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| | | | | |
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 35%;"> <p>* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.</p> <p style="text-align: right;">Enter on page 1, line 6 →</p> </div> <div style="width: 55%;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Line 15: In-Kind Contributions over \$50 (or listed above)</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Line 16: In-Kind Contributions \$50 & under (not listed above)</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Line 17: TOTAL IN-KIND CONTRIBUTIONS</div> </div> </div> | | | | |

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|--|-------------|---------|---------|--------|
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| <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 35%;"> <p>Enter on page 1, line 7 →</p> </div> <div style="width: 55%;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</div> </div> </div> | | | | |

Due by April 7, 2014



Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

GREENFIELD, MASS

14 APR -4 AM 8:34

File with:
City or Town Clerk or Election Commission

OFFICE OF THE
TOWN CLERK

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month Jan Date 1 Year 2014 Ending Month March Date 28 Year 2014

Type of report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Adrienne Marie Nunez

Full Name of Candidate (if applicable)

School Committee, Greenfield

Office Sought and District

71 Conway St #1

Residential Address

Greenfield 01301 4135226522

Tel. No. (optional)

the Committee to Elect Adrienne Nunez

Committee Name

Cathy Milkey

Name of Committee Treasurer

71 Conway St #1

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|--------------|
| Line 1: Ending balance from previous report | \$ <u>0</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>20</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>20</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>0</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>20</u> |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>0</u> |
| Line 8: Name of bank(s) used | |

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Cathy Milkey
Treasurer's signature (in ink)

4/3/14
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | | Occupation & Employer (for contributions of \$200 or more) |
|--|---|--------|---|---|
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| Line 9: Total receipts in excess of \$50 (or listed above) | | | | Enter on page 1, line 2 |
| Line 10: Total receipts \$50 and under* (not listed above) | | 20 | — | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 20 | — | |

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount | |
|-------------------------|--|---------------------------------------|------------------------|--------|---|
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| | | Line 12: Expenditures over \$50 | | | |
| | | Line 13: Expenditures \$50 and under* | | | |
| Enter on page 1, line 4 | | Line 14: TOTAL EXPENDITURES | | | 0 |

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|-------------------------|---------------------|---------------------------------|-----------------------------|-------|
| | | | | |
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| | | | | |
| | | | | |
| Enter on page 1, line 6 | | Line 15: In-kind over \$50 | | |
| | | Line 16: In-kind \$50 and under | | |
| | | Line 17: Total In-kind | | 0 |

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|-------------------------|-------------|--|---------|--------|
| | | | | |
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| | | | | |
| Enter on page 1, line 7 | | Line 18: OUTSTANDING LIABILITIES (ALL) | | 0 |

